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International Conference on Education and Educational Psychology (ICEEPSY 2012) Effectiveness of Sand Tray Short Term Group Therapy with Grieving Youth

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*Shahid Beheshti university (GC), Velanjak Avenue, Tehran, 1983963113***Abstract**

Losing a beloved person with whom one is deeply involved is like falling into an abyss of infinity leading to an undesirable feeling which in turn may cause mourning. The grief reactions differ from person to person depending on the circumstances of the occurred calamities, religious, social and cultural beliefs and in general the perceived meaning of the death for the bereaved. Adolescents are one of the vulnerable groups in facing the loss. Belongingness during adolescence is of an essence, as the adolescent seeks to shape ego identity in oneself. The grief process may nullify the personal assumptions regarding the world (spiritual assimilation), relations with others, and personal identity (inner world). Hence, it is indispensable to provide interventions for healing the wounds stemming from the loss. Among various approaches, play therapy is one of the best treatments for grief in the juveniles. Play therapy is the process of making conscious and verbalization of the unconscious and the nonverbal issues. Sand tray therapy is a sort of play therapy which provides people an opportunity to express themselves in a creative and nonverbal way. Currently this kind of therapy is considered as an effective method to work with children and adolescents. However, despite the high rate of mortality in Iran, there is not enough research conducted in this regard. In light of the great significance of cultural differences in the resolution of grief, it is essential to evaluate a variety of theories effective in resolving this process. On the other hand, grief will change person's inner world, attitude, percept and the outer world. Indeed, dynamics of individual and social life survivors' will be changed. Hence in this research will be studied Appraisal of effectiveness of sand tray Short term group therapy with grieving youth. For this purpose 20 person who had lost a close family member in the last two years were selected as the participations in the study through purposive sampling and then randomly placed in a control and an experimental group of 10 person each. First, as a pre-test, participation filled out the Grief Experience Inventory. The experimental group as intervention received 90 minute twice in a week sand tray therapy sessions for six weeks. The control group was did not receive any intervention. All the test was again administrated on both groups upon termination of interventions. The data analysis was carried out using descriptive statistic and Mixed ANOVA. Results show that the mean values of experimental group on GEQ-34 and its subscales of search for somatic reaction, guilt feeling, and rejection feeling were reduced significantly on post test. So Sand Tray Short Term Group Therapy seem to be an effective and useful technique in reducing intensity of grief experience among adolescent; this is afforded through providing safe environment for modeling loss coping skills and making emotional catharsis possible.

Key words: Juveniles, mourning, group sand tray therapy, effectiveness prose of therapy.

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1. Main text

Mourning, the highest point of human sorrow, is the price that has to be paid for love. Love and mourning are two-sided countenance of a coin, because anything a person is attached to or interested in, maybe lost any moment. Every love will come to an end, and every death will be followed by grief. To lose a dear one that a person had a deep relationship with, is like falling into an endless pit and is an undesirable and unpleasant feeling with can cause grief. Grief is a universal (Kevels and Ragerz, 1991), very personal (Ostovitz, Green 1984) and multidimensional human phenomena (Avril, 1968) and has a comprehensive affect on the bereaved person. These reactions are different, depending on quality of occurrence (Harwood, 2002), social- cultural beliefs and generally depending on person's view of death's meaning (Pagoh, 1983). One of the vulnerable groups to loss is the adolescents. The feeling of belonging and beloved in this period has a special importance, because the adolescents seek to shape ego identity in themselves. The feeling that tells people who they are and what is their position in the social system (Massen, 1388). This new feeling naturally causes adolescence bereavement, because it is concurrent with termination of childhood and beginning of adulthood. In this period, also the adolescent's cognition is exposed to change and a process of transformation, causing the adolescent to move toward idealism and utopia. A visionary at this time, the adolescent thrives to construct the necessary theories to build a better world (Fadaie, 1387); thus, if under such circumstances a loss is experienced, the adolescent may encounter or get involved in magical thoughts and assume these events as a result of his/her accepted wish and indeed feels guilty and sinful. Subsequently, any kind of loss experience in this transitional stage has a multiplied effect (Molaie, 1388). As a result, it is necessary to take actions, for healing the wounds due to the loss. Among the different approaches, play therapy is one of the best for grief in adolescents play therapy; it makes conscious the unconscious and verbalizes the nonverbal (Hant, 2010).

Play therapy is one of the most common methods which clinical psychologist, psychoanalysts, and consolers often use for therapy of affective disorders in children and adolescents (Bertment, 2007). Play in the therapy of children and adolescent is communicative device; i.e. words (Siasi, 1387). If selected carefully and accurately, all kinds of play and toys (play things), or the children words can provide an opportunity for children to express their feelings and their problems as they experience them (Hunt, 2010). Play therapy usually is carried out in the form of group therapy, because people with the same problem have a better and more suitable understanding of each other's circumstances and are able to help each other efficiently (shen, 2002).

Sand therapy is a type of play therapy, which provides people an opportunity to express themselves creatively and nonverbally. Sand therapy is a process that provides a possibility of accessing the unconscious; it manifests feelings without using words. At present, this method of therapy is an effective way to deal with children and adolescents (genie, 2009). In the process of consulting with bereaved adolescents, sand therapy creates a safe environment that provides an opportunity for bereaved people to encounter with unsustainable feelings such as sorrow, fear, and agitation. The whole process of therapy is based on the sand box and the exploration of the child's feeling in relation to that.

According to the above, it can then be concluded that every loss of a beloved person is followed by the mourning. A great pain which is based on the personal abilities and the cultural characteristics provoke variety of reactions in people. In order to investigate and determine the components of bereavement and developing a training package, a survey research is carried out.

2. Methodology

To collect data, 24 adolescents residents of Tehran aging between 16-22 years were selected through purposive sampling. They all had lost one of their close relatives (including parents, siblings, grandparents) between the past two months and two years prior to commencement of this research. This criterion is important because the acute grief

reaction becomes apparent during the first two months after the loss experience (Bart and scat, 1989). However, because the symptoms of bereavement in people with different cultures and characteristics are remarkably different, and according to research sighted in literature, these symptoms last between one to three years after loss, so the criteria was determined maximum 2 years, in order to secure both enough subjects and to prevent interference in recalling the memories of loss experience (Mahdi por,1385). Another criterion in the present research was that the subjects should not have been on medication or in psychotherapy from the beginning of loss experience to the end of the research.

2.1. Instruments

2.1.1. Demographic Questioner

This researches made questioner has two parts; the first part includes some questions about personal characteristics such as gender, marital status and the educational level. The second part of the questioner investigate the information about loss such as the person's relation with deceased, and time expired since the loss experience, the type of death (expected/unexpected) and the cause of death (sickness, natural death, accident, suicide, homicide, and other situations).

2.1.2. Grief Experience Inventory (GEI)

Grief Experience Questionnaire (GEQ-34) was used to assess the intensity of the grief experience. GEQ was first presented by Bart and Scott (34) and has been widely used for various forms of losses. The reliability rate for this questionnaire was confirmed in a study (34); its Cronbach's Alpha was at 0.90. Mahdipour(5) translated GEQ into Persian and appraised its reliability and validity against GHQ-28 and SCL-25 in undergraduate college students (N=348) with grief experience. As a result of her study, 34 questions and seven subscales were obtained; Alpha Chronbach for the whole questionnaire was achieved at 0.88. GEQ' subscales include Rejection, Stigmatization, Search to Find Explanation, Guilt, Somatic Reaction, Personal Appraisal or other people's judgment in relation to the reason of death, and Shame.

3. Structure:

In this research will be studied Appraisal of effectiveness of sand tray Short term group therapy with grieving youth. For this purpose 20 person who had lost a close family member in the last two years were selected as the participations in the study through purposive sampling and then randomly placed in a control and an experimental group of 10 person each. first, as a pre- test, participation filled out the Grief Experience Inventory. The experimental group as intervention received 90 minute twice in a week sand tray therapy sessions for six weeks. The control group was did not receive any intervention. All the test was again administrated on both groups upon termination of interventions.

4. Resultes:

At fist demographic information was investigated by the descriptive statistics was used.

Table one. Table of frequency distribution of subjects considering the cause of death

Cause of death	Homicide	Suicide	Other accident	Car accident	Sickness	Old age
	0	1	1	6	11	5

Table two: frequency distribution of adolescents with formal/ informal support received for grief.

Amount of receive support	High	Average	Low

	8	10	5
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As it is shown in table 1 and 2, the most cause of death is sickness and received support from the view point of subject is high.

In the third table, the adjective check list is analyzed.

Table forth: Table of grief experience questionnaire

	Mean	Frequency	Variable	
5.12510	15.6000	10	Search to Find Explanation	Experience
4.06065	12.4000	10	Rejection	
2.40370	7.0000	10	Somatic Reaction	
2.21359	6.3000	10	Loss support	
2.04396	5.8000	10	Personal Appraisal	
1.81353	5.8000	10	Shame	
3.86437	8.4000	10	بدنامی	
18.73351	62.5000	10	Total	
7.00476	23.8000	10	Search to Find Explanation	Control
2.17307	14.5000	10	Rejection	
2.51440	10.9000	10	Somatic reaction	
2.18327	9.1000	10	Loss suport	
1.77639	9.6000	10	Personal Appraisal	
4.04969	9.2000	10	Shame	
3.62706	12.4000	10	بدنامی	
25.29581	87.9000	10	Total	

4. Conclusions and Discussion

The present set is the brief psychodynamic group sand therapy protocol for bereaved adolescents. The mentioned protocol is a combination of grief therapy strategies, sand therapy, grief experience questioners, adjective check list and dream hand written. This set of therapy consists of twelve sessions; each session is ninety minutes, which has five phases. The first phase includes establishing therapeutic union, because the adolescent has missed the intimate and friendly shelter that naturally needs for constructing ego identity and establishing control feeling (Fadaie, 1387). Introducing miniatures by every member of the group plays a key role. The story of each miniature manifests a part of a relation of subjects with the deceased. Reflection of these relations, cause establishing a common space or environment between the group members and eventually results in sense of empathy among them. The adolescent begins to draw his/her self according to the prior and post occurrence, in order to encounter with the occurrence changes and aquire the ability to come out from shock and denial. After drawing, in the third phase, the adolescent begins to repeat the story in order to recognize the changes due to her/his life style with objective and tangible observation of prior and post occurrence and therapist guides. The common and popular feelings in this phase are anxiety and fear, because the client believes that has not the power of tolerating the feelings produce by the occurrence. Eventually, the therapist with questioning and encountering the client with his/her inefficient life style, makes the client to give up and throw away the defensive shield, which has made for not attending to feeling. In fourth phase, in sand therapy process, the purpose is to establishing a safe environment for representing the feelings

produced by the occurrence on sand, so the subjects are asked to draw the feeling of this occurrence or feelings due to ego changes on sand. The therapist with establishing a supportive environment helps the client to stand up and look at feelings which are drawn on sand, recognizing them, and gaining the ability to separate these feelings from each other. The popular feeling in this atmosphere or environments is anger, depression and guilt.

In the fifth phase, some actions take place for meaning reconstruction. The client by using the sand box and miniatures, draw the meaning which has find.

There for, the client can find a way to take back energy from deacease and investing libido on new relation in order to regain efficiency and health (Lucan, 2009).

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